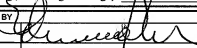


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4616).		Complete if Known	
<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2009</h2>		Application Number	10/610.487-Conf. #5330
		Filing Date	June 30, 2003
		First Named Inventor	Eric J. Horvitz
		Examiner Name	A. A. Zahr
		Art Unit	2175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	M1103.70728US00
TOTAL AMOUNT OF PAYMENT		(\$) 180.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Deposit Account	<input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description	Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues)		52	26				
Each independent claim over 3 (including Reissues)		220	110				
Multiple dependent claims		390	195				

Total Claims - or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	Extra Claims - or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	Fee (\$) _____	Fee Paid (\$) _____	Multiple Dependent Claims Fee (\$) _____	Fee Paid (\$) _____
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	Extra Sheets _____	Number of each additional 50 or fraction thereof _____	Fee (\$) _____	Fee Paid (\$) _____	Other FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 180 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY		Registration No.		Telephone	
Signature: 		32,950		617.648.8000	
Name (Print/Type): Edmund J. Walsh		Date: Nov 4 2003			

Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Date: 11-4-09	Signature: 